

Live Entertainment Tax Report Restricted Licensees

This report, together with your remittance payable to the order of the NEVADA GAMING COMMISSION, is required to be filed QUARTERLY, NOT LATER THAN 10 DAYS AFTER THE END OF EACH CALENDAR QUARTER.

PERIOD COVERED: _____

FILING DEADLINE: _____

Account No., Name, Address, Zip Code

For Office Use Only

Account No.: _____ Legal Name: _____ Trade Name: _____ Address: _____ City, State, Zip: _____	Check Number: _____ Batch Number: _____ Entry Date: _____
Please correct if in error	

**THIS REPORT SHOULD ONLY BE COMPLETED IF ENTERTAINMENT IS PROVIDED IN A FACILITY WITH A
MAXIMUM OCCUPANCY OF AT LEAST 200 AND AN ADMISSION CHARGE IS COLLECTED.**

Line 1. TAXABLE SALES

 NOTE: TAXABLE SALES FOR PURPOSE OF LET ARE NET OF
SALES AND USE TAXES

\$ _____

Line 2. LIVE ENTERTAINMENT TAX COMPUTATION

[Amount on Line 1 times 10%]

Line 3. PENALTY FOR LATE PAYMENT: NRS 463.270(5)

Enter number of days

 A. Less than 10 days late: 25% of the amount due on
Line 2, but not less than
\$50.00 and not more than _____

 B. Ten or more days late: 25% of the amount due on
Line 2, but not less than
\$50.00 and not more than _____

PENALTY DUE [Line 3A or Line 3B]

Line 4. TOTAL AMOUNT DUE: [Line 2 + Line 3]

\$ _____

Line 5. TOTAL REMITTANCE

Check Number: _____

\$ _____

Please make remittance payable to: NEVADA GAMING COMMISSION
Return to the State Gaming Control Board, PO Box 8004, Carson City, NV 89702-8004.

Pursuant to NRS 353.1467, payments made to the State, in the aggregate, that amount to \$10,000.00 or more must be sent electronically.

I, _____ certify and declare under the penalties of perjury that I am the

_____ of the business named above; that this is a true, correct and complete

(Owner, Partner, President, Treasurer, Other-describe)

 report to the best of my knowledge, information, and belief; and that this application and report is made with the
knowledge and consent of all other individuals licensed.

Dated _____

Signed _____

Person to contact regarding this report:

Name: _____

Phone: _____

RETURN ORIGINAL AND MAKE DUPLICATE FOR YOUR RECORDS